

Indiana Criminal Justice Institute

VICTIMS OF CRIME ACT (VOCA) GRANT APPLICATION

(See the Institute's Program Guidance for these grant programs and instructions on the next page.)

For ICJI Use Only

Date Received: ____ / ____ / ____ Federal Award: \$ ____ Purpose Area: ____
Grant Number: ____ State Award: \$ ____ Purpose Area: ____

A Type of Project: ☐ Continuation Project ➔ Previous Grant Numbers for this Project: ____
☐ New Project

B Project Title: _____

C Beginning Date of Project: ____ / ____ / ____ Ending Date of Project: ____ / ____ / ____

LEGAL APPLICANT

D Name of Agency/Organization: _____
Address: _____
City: _____ State: ____ Zipcode: _____ County: _____
Email: _____ Tel: ____ / ____ / ____ Fax: ____ / ____ / ____

E Financial Officer: _____
Address: _____
City: _____ State: ____ Zipcode: _____ County: _____
Email: _____ Tel: ____ / ____ / ____ Fax: ____ / ____ / ____

F Federal Employer ID Number: _____

G Type of Agency/Organization: ☐ State ☐ County ☐ City ☐ Town ☐ Other

H Location of Agency/Organization: U.S. Congressional District: ____ State Judicial District: ____

IMPLEMENTING AGENCY

I Name of Agency/Organization: _____
Address: _____
City: _____ State: ____ Zipcode: _____ County: _____
Email: _____ Tel: ____ / ____ / ____ Fax: ____ / ____ / ____

J Project Director: _____
Address: _____
City: _____ State: ____ Zipcode: _____ County: _____
Email: _____ Tel: ____ / ____ / ____ Fax: ____ / ____ / ____

K Other Contact: _____ Tel: ____ / ____ / ____ Email: _____

FUNDING REQUEST

L-1 Total Project Cost \$ _____

L-2 Applicant Portion

a. Cash Match \$ _____ ➔ Source: _____
b. In-Kind Match \$ _____ ➔ Source: _____

L-3 Amount of Funding Requested \$ _____

Instructions for A–L

Please read all instructions before completing the application and contact the Institute if you have questions. Failing to follow instructions or submitting an incomplete application will delay the processing of your grant application.

You do not have to complete an application item if it is blocked out by black shading.

Please do not use forms or verbatim material from a previous year's grant application for your new application, and do not include copies of the instructions or Program Guidance pages with your completed application.

- A** Check "Continuation Project" if the proposed project is currently being funded by the Institute under the grant program to which you are now applying. Applicants applying for a continuation should list all previous grant numbers for the project. "Check "New Project" if the proposed project is currently not being funded by the Institute under the grant program to which you are applying.
- B** Enter the title of the project for which funds are being requested.
- C** Enter the beginning and ending dates for the proposed project.
- D** The Legal Applicant must be a public entity (village, town, city, township, county, other general purpose political subdivision of the state, state agency, public university, etc.). For example, a county prosecutor's office could be the legal applicant on behalf of a private, not-for-profit agency.
- E** Enter the name and contact information for the Financial Officer of the office that is legally responsible for the Legal Applicant's financial records (e.g., the County Auditor, City Controller, City Clerk-Treasurer, Town Treasurer).
- F** Enter the Legal Applicant's Federal Employer Identification Number.
- G** Indicate whether the Legal Applicant is a state, county, city, or town agency/organization.
- H** Enter the U.S. Congressional District and State Judicial District in which the Legal Applicant is located.
- I** The Implementing Agency is the unit, department, division, organization, or agency responsible for maintaining general oversight of the project's implementation and grant administration, including the submission of all reports required by the Institute.
- J** The Project Director is the individual charged by the Implementing Agency with direct responsibility for the day-to-day management of the project and grant administration.
- K** Enter the name and contact information for the person who will serve as the principal contact for grant administration (if other than the Project Director).
- L-1** Enter the total cost of the proposed project for which you are seeking assistance from this grant.
- L-2** Most grant programs require applicants to provide a percentage of the total project cost in the form of a cash match or an in-kind (non-cash) match in property, goods, or services. Refer to the Institute's Program Guidance for the grant program to which you are applying for information on your match requirement, if any. Enter the dollar amount of your cash match on line "a" and/or the value of your in-kind match on line "b," if applicable. The total of lines "a" and "b" must represent the percentage of the total project cost required as match by the grant program to which you are applying. Indicate the source of your match in the space(s) provided.
- L-3** Enter the difference between L-1 (total project cost) and L-2 (applicant portion) in L-3. This is the amount of funding requested.

Instructions and Definitions for M, N and O

A **Problem Identification Statement** succinctly states the problem you intend to address through the proposed project. Data and information illustrating the problem should be included as part of your Problem Identification Statement.

A **Project Description** briefly describes the project that is being proposed. A good project description will (a) describe a solution or remedy to the problem identified above, (b) list the people who will benefit from the project (be as specific as possible) and (c) indicate how long it will take to see results from the project.

A **Project Goal** is a concise statement indicating what the project is expected to achieve (i.e., its desired outcome). Some examples include:

- Improve direct services to victims in Hoosier County.
- Expand the scope of services we provide to female victims of sexual assault.
- Improve our community's awareness of and response to victims of crime.

Project Objectives specify *measurable* outcomes related to the goal, including the expected level or amount of change and the date by which the change is expected to occur. For example, objectives for the goal "Reduce drug crimes in Hoosier County" might include:

Objective 1: By the end of the grant period, increase by at least 10% the number of victims served by our agency last year by implementing outreach efforts.

Objective 2: By the end of the grant period, increase by at least 10% the total number of victim referred to our agency last year by enhancing working relationships with the county prosecuting attorney's office, all city and county law enforcement agencies, all hospitals in the county, and all schools in the county.

Project Activities are the specific activities or steps that will be taken to achieve each objective. For example, activities for the two objectives listed above might include:

Objective 1: By the end of the grant period, increase by at least 10% the number of victims served by our agency last year by implementing outreach efforts.

Activity 1: Publicize victim services provided by our agency in the two local newspapers one week a month.

Activity 2: Print pamphlets describing victim services provided by our agency and distribute them to all coordinating service agencies in the area.

Activity 3: Lease and maintain a booth at our county fair to explain victim services and to publicize the availability of services.

Objective 2: By the end of the grant period, increase by at least 10% the total number of victim referred to our agency last year by enhancing working relationships with the county prosecuting attorney's office, all city and county law enforcement agencies, all hospitals in the county, and all schools in the county.

Activity 1: Visit city and county law enforcement agencies and area schools to discuss victim rights and the availability of victim services.

Activity 2: Print pamphlets describing available victim services and provide them to area hospitals for distribution to victims of crime.

Activity 3: Write monthly letters to the prosecutor's office, city and county law enforcement agencies, area hospitals, and area schools to inform them of the number and types of victims served by our agency in the last month and to inquire about the number of victims they have referred to our agency in the last month.

M Problem Identification Statement. In the space provided, please provide your Problem Identification Statement by succinctly stating the problem you intend to address through the proposed project. Data and information illustrating the problem should be included as part of your statement.

N Project Description. In the space provided, please briefly describe the project that is being proposed and how it addresses the problem you identified in your Problem Identification Statement. A good project description will (a) describe a solution or remedy to the problem, (b) list the people who will benefit from the project (be as specific as possible) and (c) indicate how long will it take to see results from this project.

- O** In column (a), list the overall **Goal** of the proposed project. In column (b), list up to three specific **Project Objectives** related to that goal. And in column (c), list the **Project Activities** or steps you plan to take to achieve the objectives you have listed. Please refer to the instructions on page 3 of this application for definitions and examples of Project Goals, Project Objectives and Project Activities.

(a) Project Goal	(b) Project Objectives	(c) Project Activities
List the overall goal of your project.	List up to three specific objectives that support the project goal.	List as many activities as needed that support project activities.
	1. _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
1. _____ _____ _____ _____	2. _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
	3. _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____

- P** Funds from these grant programs can be used to address specific purpose areas. These purpose areas are listed below in no particular order. Please review the information and place a checkmark in the box(es) next to the purpose area(s) that most appropriately matches the project for which you are requesting funding. Please choose the purpose area(s) that best fits your proposed project.

☐ Providing services that respond to the emotional and physical needs of crime victims (VA1).

☐ Providing services that assist primary and secondary victims of crime to stabilize their lives after a victimization (VA2).

☐ Providing services that assist victims to understand and participate in the criminal justice system (VA3).

☐ Providing services that give victims of crime a measure of safety and security, such as boarding-up broken windows and replacing or repairing locks, etc. (VA4).

☐ Helping victims learn about, apply for, and/or obtain crime compensation benefits (VAr).

- Q** Please answer the following questions about staffing for your proposed victim services project:

Number of paid staff (full-time equivalents): _____

Has the Institute waived your requirement to use volunteers for the project:

☐ Yes

☐ No → Number of volunteers (full-time equivalents): _____

- R** Do you have other sources of funding to help support this project:

☐ Yes → What proportion of the project will be paid for by other sources (e.g., 25%, 75%): % _____

☐ No

- S** What percent of the total amount of federal funding requested (in L3) will be committed to each of the following type(s) of crime victims (e.g., 50% to victims of child sexual abuse and 50% to adult sexual assault victims):

Child Physical Abuse	% _____	Robbery	% _____	
Child Sexual Abuse	% _____	Elder Abuse	% _____	
Adults Molested as Children	% _____	Survivors of Homicide	% _____	
Adult Sexual Assault	% _____	Other Violent Crimes	% _____	
Other Assault	% _____	Other Victims	% _____	→ specify: _____
Domestic Violence	% _____	Other Victims	% _____	→ specify: _____
DUI/DWI Crashes	% _____	Other Victims	% _____	→ specify: _____

- T** What geographic area(s) will be served by this project (check one box and specify):

☐ City(ies)/Town(s) -- specify: _____

☐ County/Countries -- specify: _____

☐ State

U How does the proposed project complement existing programs/services for crime victims in the geographic area(s) to be served by the project? (If your project duplicates existing programs/services, explain how it is different and/or what it will add?)

V Briefly describe the ways in which the proposed project will promote coordinated publicly-funded and privately-funded efforts within the community to aid crime victims:

W Place a checkmark next to all of the types of agencies/organizations that you will collaborate or coordinate with on the proposed project and then provide the name of each agency/organization on the line provided:

Criminal Justice Government Agencies

<input type="checkbox"/> Law Enforcement _____	<input type="checkbox"/> Court _____
<input type="checkbox"/> Prosecution _____	<input type="checkbox"/> Corrections _____
<input type="checkbox"/> Probation _____	<input type="checkbox"/> Other _____

Non-Criminal Justice Government Agencies

<input type="checkbox"/> Social Services _____	<input type="checkbox"/> Hospital _____
<input type="checkbox"/> Mental Health _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Public Housing _____	

Private Non-Profit Agencies

<input type="checkbox"/> Hospital _____	<input type="checkbox"/> Shelter _____
<input type="checkbox"/> Mental Health _____	<input type="checkbox"/> Religious Org. _____
<input type="checkbox"/> Rape Crisis _____	<input type="checkbox"/> Other _____

Other

<input type="checkbox"/> _____
<input type="checkbox"/> _____

- X** If the proposed project is a continuation project (see A), have all special conditions attached to previous awards under this grant program been met:
- ☐ Previous awards under this grant program did not contain special conditions.
 - ☐ Yes, all special conditions attached to previous awards under this grant program have been met.
 - ☐ No, the following special conditions attached to previous awards under this grant program have not been met for the reasons indicated:

- Y** Who will evaluate the effectiveness of the project (check all that apply):
- ☐ Subgrantee agency personnel
 - ☐ Independent evaluators (e.g., university research staff, a private research firm)

- Z** How will the effectiveness of the project be evaluated (check all that apply):
- ☐ Collection and analysis of statistical systems data (e.g., arrest reports)
 - ☐ Obtaining feedback on immediate impact before participants, attendees, users, or recipients leave the site of the service, training, etc.
 - ☐ Obtaining feedback on longer-term impact on victims.
 - ☐ Obtaining feedback on longer-term impact on professionals, agencies, coordination among agencies, etc.
 - ☐ Other (specify): _____